

*Kristy Kruonele***STANDING ORDER****EMERGENCY CHILDBIRTH**

It is important to recognize the various stages in labor. Nulliparous mothers tend to have extended labors, while multiparous can have very fast labors progressing within minutes into each phase of labor. Any inmate who is found to be in active labor should be sent to the ED immediately. The below are guidelines for management of delivery within the jail that happen suddenly prior to EMT arrival, goal is to have any inmate who is in labor transferred to the hospital as soon as possible.

<b>First Stage</b>	
<i>Early Labor Phase Cervix 0-3cm</i>	Contractions last 30-45 seconds, giving 5-30 minutes rest in between contractions Contractions are mild and inmate will be able to talk through them. Contractions described as aching in lower back, menstrual cramps, and pressure/tightening in the pelvic area. Water does NOT usually break until transition This phase can last for 8-12 hours, but in multiparous women they can progress quickly through this phase. Some women may not even recognize this phase.
<i>Active Labor Phase Cervix 3-7 cm</i>	Contractions last 45-60 seconds with 3-5 minutes of rest in between. Inmate will not be able to speak through the contractions. Inmate will be very focused during contractions. This phase can last 3-5 hours for nulliparous women or less than 30 minutes in multiparous women
<i>Transition Phase Cervix 8-10 cm</i>	Contractions last 60-90 seconds with a 30 second to 2 minute rest in between. Contractions become very intense and inmate may vocalize more than when previously she was silently coping with the contractions. This phase lasts 30 mins – 2 hours in nulliparous women or just minutes for multiparous women.
<b>Second Stage</b>	Delivery of the baby
<b>Third Stage</b>	Delivery of the placenta – usually occurs 15-30 minutes after delivery of the baby

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**I. MANAGEMENT****a. LABOR**

- i. Recognize stage of labor and have inmate transferred to hospital for signs of active labor or further progression in labor beyond active labor.
- ii. During labor while awaiting EMTs, allow inmate to be in whatever position she finds comfortable – hands and knees, leaning on something with hands while swaying hips, or squatting are a few positions women may find comfortable. Do not force inmate to take any specific position.
- iii. If you notice water has broken, ask inmate to remove underwear and pants
  1. Notice color and odor of fluid and ensure EMTs are aware of your assessment. Fluid should be odorless and clear with pink/blood tinge.

**b. IMMINENT DELIVERY**

- i. Use clean technique (see Blue Delivery Box in medical)
- ii. Guide and control delivery of baby, do not hurry or retard the process. Women innately know when to push, let inmate push when she feels it necessary. Allow inmate to push on demand. Allow inmate to be in whatever position she finds most comfortable.
- iii. Once baby is delivered, suction nose and mouth if infant is not crying.
- iv. Place infant on mother's naked chest or abdomen (depending on the length of the cord – usually cord is long enough to put infant on mother's chest) and cover mother and infant with blanket. Check infants HR and RR. Keep infant skin-to-skin.
- v. Allow cord to pulsate and do not clamp until cord has stopped pulsating (usually 15 minutes). Cord will turn from blue/red to pale and white when this happens.
- vi. After cord has pulsated, clamp cord approximately 8" and 10" inches from the infant.
- vii. Placenta will deliver within 30 minutes after baby is delivered. Do not pull on cord. EMTs should arrive and help to assist with placenta delivery and transport of inmate and baby to hospital.